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Thiamphenicol in the treatment of chancroid in men

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SUMMARY Thiamphenicol was used to treat 547 men with chancroid. An oral dose of 2·5g was given on the first day and a further dose of 1·25g a week later if the lesions had not healed. Eighty-seven (15·9%) patients defaulted from follow up and 23 (4·2%) had positive serological test results for syphilis. Of the remaining 437 patients, 27 (6·2%) failed to respond to treatment, 258 (59%) were cured after the single dose, and 152 (34·8%) required a second dose. The overall cure rate was 93·8%.

Introduction

Thiamphenicol is a broad-spectrum antibiotic, has a bacteriostatic action against a wide range of Gram-positive and Gram-negative bacteria and anaerobes, is closely related to chloramphenicol, and has few side effects. It has been used in the treatment of uncomplicated gonorrhoea in a single dose of 2·5g with high cure rates.[1] A single dose of 2·5g of thiamphenicol has been found to be effective against syphilis during the incubation period.[2]

Patients and methods

Patients included in the trial were men who presented voluntarily with chancroid to the Mbare Sexually Transmitted Diseases Clinic in Harare, Salisbury.

DIAGNOSTIC CRITERIA

The diagnosis of chancroid was made by the clinical finding of painful, non-indurated, necrotic ulcers, exudates of which showed no *Treponema pallidum* on darkground microscopy but showed typical slender Gram-negative bacilli in small chains and clusters. The Venereal Disease Research Laboratory (VDRL) test and the *T pallidum* haemagglutination assay (TPHA) were carried out on all patients at the time of the first visit and six weeks later. Of 1018 patients tested, 547 met the diagnostic criteria and were included in the study. Cultures for *Haemophilus ducreyi* and the Ito-Reenstierna intradermal tests were not carried out because of lack of facilities.

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TREATMENT AND FOLLOW-UP

After the detection of *H ducreyi* in Gram-stained smears of ulcer material the patients were given 2·5g (10 capsules) of thiamphenicol to swallow at the clinic under supervision. They were asked to return after seven days and advised not to have sexual intercourse nor take any alcohol till the sores had healed. They were also advised on simple personal hygiene, told to wash the genital area thoroughly with soap and water at least twice a day, and warned not to apply any form of ointment locally.

If at the end of seven days the ulcers showed signs of healing and were no longer painful or tender on examination with a cottonwool-tipped swab the patient was given no further treatment but asked to return in a further week's time. If the ulcers were still painful the patient was given 1·25g of thiamphenicol to take at the clinic and was asked to return a week later.

If at the third visit the ulcers had healed or showed signs of healing no further treatment was given and the patient was asked to return after two weeks for examination. If, however, the ulcers had still not healed, treatment failure was assumed and the patient was given co-trimoxazole 800mg three times daily for seven days.

At the end of six weeks blood was taken for VDRL and TPHA tests. Exudates from ulcers were examined by darkfield microscopy, and Gram-stained smears of ulcer material were examined for *H ducreyi* at each visit.

Results

One thousand and eighteen patients with genital ulcers were examined. In 547 (53·7%) patients

exudates from ulcers showed organisms resembling *H ducreyi*. Of these, 87(15·9%) defaulted from follow up (63 after the first visit and 24 after attending twice). Twenty-three (4·2%) had a posititive TPHA result, and of these, 18 also had a positive VDRL test result.

Inguinal buboes were present in 240 patients; in 225 (51·5%) they were unilateral and in 15 (3·4%) bilateral.

Of those followed up fully, 258 (59%) patients needed only the first dose of treatment and a further 152 (34·8%) were cured after the second dose. Twenty-seven (6·2%) patients failed to respond to treatment.

In the patients with buboes the size of the swelling had greatly subsided at the end of two weeks, although some induration was still palpable at the end of six weeks.

Discussion

Chancroid is the commonest form of STD seen among male patients attending STD clinics in Salisbury.[3 4] Patients with chancroid are usually treated with a seven-day course of tetracycline or intramuscular streptomycin. Prolonged courses of treatment are often necessary and hence patients commonly default. Single-dose regimens for the treatment of trichomoniasis, uncomplicated gonococcal urethritis, and early syphilis are now generally recommended.[5] No satisfactory single-dose treatment regimens are at present available for the treatment of chancroid. This trial suggests that two large doses of thiamphenicol given a week apart may be of considerable value in the treatment of this infection.

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